

County: Sheboygan

Facility ID: 7350

Page 1

PLYMOUTH CARE CENTER

916 EAST CLIFFORD STREET

PLYMOUTH 53073

Phone: (920) 893-4777

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 60

Total Licensed Bed Capacity (12/31/05): 60

Number of Residents on 12/31/05: 54

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? No

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 57

Limited Liability Company

Skilled

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29.6
Developmental Disabilities	0.0	Under 65	0.0	1 - 4 Years	40.7
Mental Illness (Org./Psy)	20.4	65 - 74	3.7	More Than 4 Years	29.6
Mental Illness (Other)	1.9	75 - 84	16.7		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	50.0		
Para-, Quadra-, Hemiplegic	1.9	95 & Over	29.6		
Cancer	0.0				
Fractures	1.9		100.0		
Cardiovascular	22.2	65 & Over	100.0		
Cerebrovascular	14.8				
Diabetes	3.7	Gender	%		
Respiratory	3.7				
Other Medical Conditions	29.6	Male	24.1		
	----	Female	75.9		
	100.0		100.0		

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Other Medical Conditions	29.6	Male	24.1		
	----	Female	75.9		
	100.0		100.0		

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.5	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.9
Skilled Care	0	0.0	0	37	92.5	128	0	0.0	0	14	100.0	169	0	0.0	0	0	0.0	51	94.4
Intermediate	---	---	---	2	5.0	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	3.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		40	100.0		0	0.0		14	100.0		0	0.0		0	0.0	54	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)	% Independent	Assistance of		Dependent	Number of		
Private Home/No Home Health	31.6	Bathing	0.0	One Or Two Staff				Residents	
Private Home/With Home Health	0.0	Dressing	11.1	66.7		33.3			54
Other Nursing Homes	18.4	Transferring	29.6	75.9		13.0			54
Acute Care Hospitals	47.4	Toilet Use	25.9	53.7		16.7			54
Psych. Hosp.-MR/DD Facilities	0.0	Eating	50.0	59.3		14.8			54
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.0	Continence		%		Special Treatments		%	
Total Number of Admissions	38	Indwelling Or External Catheter		7.4		Receiving Respiratory Care		9.3	
Percent Discharges To:		Occ/Freq. Incontinent of Bladder		38.9		Receiving Tracheostomy Care		0.0	
Private Home/No Home Health	25.0	Occ/Freq. Incontinent of Bowel		27.8		Receiving Suctioning		1.9	
Private Home/With Home Health	0.0					Receiving Ostomy Care		0.0	
Other Nursing Homes	2.5	Mobility				Receiving Tube Feeding		0.0	
Acute Care Hospitals	2.5	Physically Restrained		0.0		Receiving Mechanically Altered Diets		33.3	
Psych. Hosp.-MR/DD Facilities	0.0								
Rehabilitation Hospitals	0.0	Skin Care				Other Resident Characteristics			
Other Locations	0.0	With Pressure Sores		3.7		Have Advance Directives		100.0	
Deaths	62.5	With Rashes		3.7		Medications			
Total Number of Discharges						Receiving Psychoactive Drugs		59.3	
(Including Deaths)	40								
